MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07679

7675 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Indian Head
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Blair Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head X
STREET ADDRESS (If rural, give location) 12 Blair Road 1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Aquilla (Last) Butler

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-4-69

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Butler

14. MOTHER'S MAIDEN NAME: Elizabeth Hartley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: James W. Butler, Ind. Head. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Immed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Chronic Myocarditis — 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 19 55 to Aug 19, 19 55, that I last saw the deceased alive on Aug 16, 19 55, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert G Susen M.D. ADDRESS Indian Head, Md DATE SIGNED 8-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-22-55

NAME OF CEMETERY OR CREMATORY St. Joseph's Catholic

LOCATION (City, town, or county) (State) Pomfret Md

DATE REC'D BY LOCAL REG. 8/22/55

REGISTRAR'S SIGNATURE Julia H Bailey

24. FUNERAL DIRECTOR Hoult & Ryon ADDRESS Waldorf, Md.

7676 MARYLAND STATE DEPARTMENT OF HEALTH 07680

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Items 18&21 Film 3186 9-13-55 ams

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Malcolm — MARYLAND — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf — STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) MORRIS (Middle) ARTHUR (Last) CHAPMAN

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 55

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1934

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Anna Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-30-0975

17. INFORMANT AND ADDRESS: William Wood 3901 Conn. Ave. N.W., Wash 8, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8/2 X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 8-28-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fractured Skull — 8-28-55

(c) Hit by auto — 8-23-55

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN): Malcolm — (COUNTY): Md. — (STATE):

TIME OF INJURY: (Month) 8 (Day) 28 (Year) 55 (Hour) 4 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Hit by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: C. Medlen (Degree or title): MD — ADDRESS: LaPlata Md — DATE SIGNED: 8-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-31-55 — NAME OF CEMETERY OR CREMATORY: St. Peters — LOCATION (City, town, or county): Waldorf, (State): Md.

DATE RECD BY LOCAL REG.: 9/1/55 — REGISTRAR'S SIGNATURE: Julia H Casey

24. FUNERAL DIRECTOR — ADDRESS: Hamtl + Ryon, Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07681

CERTIFICATE OF DEATH

7677

Reg. Dist. No. 106

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Bryans Road — LENGTH OF STAY (in this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (P.O. Address) Box 118 Indian Head

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Virginia (Last) Dotson

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Single	Sept 28, 1954.	yrs.	10			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant	—	Bryans Road, Md	U.S.

13. FATHER'S NAME: Archie W Dotson

14. MOTHER'S MAIDEN NAME: Catherine Branson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	Beverly Dotson Box 118 Indian Head

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
571.0 **Immediate cause**	(a) Enteritis Infections	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 19 55, to 8/4, 19 55, that I last saw the deceased alive on 8/1, 19 55, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE Frank G. Dwan (DEGREE OR TITLE) M.D ADDRESS Indian Head Md DATE SIGNED 8-4-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-4-55	Metropolitan	Bryans Road Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-5-55	M. E. Ransome	Penny & Cofer, Mason Springs Md.

4094407404

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07682

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

7678

Item 9, Film G185 8-29-55 et

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Ken.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Wilbert (Last) EDELEN

4. DATE OF DEATH: (Month) Aug 18, (Day) (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan 29 1926

9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Plantation

11. BIRTHPLACE (State or foreign country): Charles Co Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Arthur Edelen

14. MOTHER'S MAIDEN NAME: Catherine Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Catherine J. Dorsey Wayside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION — 8-18-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Edelen (Degree or Title) MD — ADDRESS LaPlata Md — DATE SIGNED 8-18-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 20 55 — NAME OF CEMETERY OR CREMATORY Holy Ghost — LOCATION (City, town, or county) Issue — (State) Md

DATE RECD BY LOCAL REG. 8/19/55 — REGISTRAR'S SIGNATURE Julia H Dorsey

24. FUNERAL DIRECTOR Burkert Funeral Home Inc LaPlata Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07683

CERTIFICATE OF DEATH

Reg. Dist. No. 106

7679

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md X

LENGTH OF STAY (in this place): one Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md X

STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) (Infant) (Middle) (Last) Estep

4. DATE OF DEATH: (Month) (Day) (Year) 8-17-55 19

5. SEX: F.

6. COLOR OR RACE: N.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-17-55

9. AGE last birthday: 8-17-55 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? One Day

13. FATHER'S NAME: William Smith

14. MOTHER'S MAIDEN NAME: Velma Agnes Estep

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: (Grandmother) Florine Estep

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

774X

Immediate cause (a) Prematurity (Five Month Gestation) — Interval Between Onset and Death: 30-Minutes.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17-55, 19 8-17-55, 19....., that I last saw the deceased alive on 8-17-55, 19....., and that death occurred at 12:05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Jas. S. Lawrence Indian Head Md 8-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/18/55 — NAME OF CEMETERY OR CREMATORY Mt. Hope — LOCATION (City, town, or county) Prince Georges — (State) Md.

DATE RECD. BY LOCAL REG. 8/17/55 — REGISTRAR'S SIGNATURE Odessa Price

24. FUNERAL DIRECTOR Tom Smith (Father) — ADDRESS Marlboro, Md.

VS. A15 8-51

1085181201

07684

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7680

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Wayside

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) (Last) HEMSLEY

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 15, 1866

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ZAK Ford

14. MOTHER'S MAIDEN NAME: Eliza Talbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Rolanda Washington Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 8 Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Dec 19[illegible], to 5 Aug 19 55, that I last saw the deceased alive on 6 Dec, 19 55, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick M Johnson MD. — ADDRESS La Plata, Md. — DATE SIGNED 5 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 8, 1955 — NAME OF CEMETERY OR CREMATORY: Shiloh — LOCATION (City, town, or county) (State): Wayside Md

DATE REC'D BY LOCAL REG. 8/5/55 — REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR — ADDRESS: Heath & Lyon Waldorf, Md

7681

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07685 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 100

1. PLACE OF DEATH:
COUNTY CHARLES COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BRYANTOWN
LENGTH OF STAY (in this place) 9 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN WASHINGTON, D.C.
STREET ADDRESS (If rural, give location) 2615 - 22ND ST. N.E.

3. NAME OF DECEASED: (Type or Print) (First) CLAYTON (Middle) IGNATIUS (Last) HIGDON

4. DATE OF DEATH (Month) (Day) (Year) AUG. 1ST 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify) MARRIED

8. DATE OF BIRTH: FEB 5/1894

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) INSURANCE AGENT

10b. KIND OF BUSINESS OR INDUSTRY: PRUD INS CO

11. BIRTHPLACE (State or foreign country): CHARLES COUNTY, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEWIS AMBROSE HIGDON

14. MOTHER'S MAIDEN NAME: MARGARET SUSANNA THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES. (If Yes, give war or dates of service) W.W.I.

16. SOCIAL SECURITY NO.: 577-07-2248

17. INFORMANT & ADDRESS: MRS. MARGARET P. HIGDON - 2615 - 22ND ST. N.E. WASH. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CORONARY OCCLUSION — Interval between onset and death: 48 HOURS

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ANGINA PECTORIS — 14 YEARS

DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☑ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John H. Geffen M. D. CHIEF MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER / ASSISTANT MEDICAL EXAM. DATE SIGNED 8/1/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 8/4/55 | NAME OF CEMETERY OR CREMATORY FT LINCOLN | LOCATION (City, town, or county) COLMAR MANOR, MD (State)

DATE REC'D BY LOCAL REG. Aug 2, 1955 8/4/55 | REGISTRAR'S SIGNATURE John H. Carey | **24. FUNERAL DIRECTOR** W.W. CHAMBERS Co - RIVERDALE, MD. ADDRESS

RELEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■g■ is especially important. Physicians: Please write the ■■ses of death clearly and legibly.

ORIGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07686

7682

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Items 9,13,14 Film G187 9-29-55 et Item 14, Film G187 10-4-55 et

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nanjemoy X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print): (First) IRENE (Middle) (Last) JACKSON
4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 19 55

5. SEX: F — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. — 8. DATE OF BIRTH: 9/17 — 9. AGE last birthday: 70 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Noble Dorsey — 14. MOTHER'S MAIDEN NAME: Unknown Lucy Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8-18-55

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension — 2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 19 55, to 8-22, 19 55, that I last saw the deceased alive on 8-22, 19 55, and that death occurred at 6 P.M., from the causes and on the date stated above.
SIGNATURE E. Fidelen M. D. — ADDRESS La Plata Md — DATE SIGNED 8-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/25/55 — NAME OF CEMETERY OR CREMATORY St Charles — LOCATION (City, town, or county) (State) La Plata Md

DATE RECD BY LOCAL REGISTRAR 8/25/55 — REGISTRAR'S SIGNATURE Julia H Posey — 24. FUNERAL DIRECTOR Henry Lofer Mason — ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07687

7683

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Marian M. Jackson

4. DATE OF DEATH: (Month) (Day) (Year) Aug 25 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct 31 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George C Olives

14. MOTHER'S MAIDEN NAME: Mary Goodrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Hilda Chesildine Washington D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 X

IMMEDIATE CAUSE (A) Acute Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (B) DUE TO (B) Chronic Glomerulonephritis — 2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Guarding Arteriosclerosis & Nephrosclerosis — 5 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatoid Arthritis — 10 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ., 1946, to Aug. 25, 1955, that I last saw the deceased alive on Aug. 25, 1955, and that death occurred at 9:35 P.M. E.S.T. from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

Larsen Larboe M.D. M.D. La Plata, Md 8-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug 29 1955 — NAME OF CEMETERY OR CREMATORY Trinity Cemetery — LOCATION (City, town, or county) (State) Newport Maryland

DATE REC'D BY LOCAL REGISTRAR 9/1/55 — REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Waldorf, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07688

7684 CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) Tompkinsville Md

3. NAME OF DECEASED (Type or print): (First) Josephine (Middle) Zachary (Last) Mattingly
4. DATE OF DEATH: (Month) (Day) (Year) May 29 1953

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
8. DATE OF BIRTH: Sept 10 1886
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Charles Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry B Mattingly
14. MOTHER'S MAIDEN NAME: Molly Brooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-34-4446
17. INFORMANT & ADDRESS: Margaret A. Mattingly

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Coronary occlusion	3 min
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerosis generalized	4 years
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1950 to May 29, 1953, that I last saw the deceased alive on 29 May, 1953, and that death occurred at 8:30 P M, from the causes and on the date stated above.
SIGNATURE C. A. Woodard M.D. M.D. ADDRESS La Plata Md. DATE SIGNED 1 Sept. 53

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept 1st 53
NAME OF CEMETERY OR CREMATORY: Holy Ghost
LOCATION (City, town, or county) (State): Issue Md

DATE REC'D BY LOCAL REGISTRAR: 9/15/53
REGISTRAR'S SIGNATURE: Julia H Soden
24. FUNERAL DIRECTOR: Dukart Funeral Home ADDRESS La Plata

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07689

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7685

CERTIFICATE OF DEATH

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Indian Head
LENGTH OF STAY (In this place): 5yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: or Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Finnie (Middle) Harrison (Last) McCoy

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 30 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Fireman

10b. KIND OF BUSINESS OR INDUSTRY: US Govt

11. BIRTHPLACE (State or foreign country): Pikeville, Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Amos McCoy

14. MOTHER'S MAIDEN NAME: Melissa Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 406-09-6257

17. INFORMANT & ADDRESS: Finnie McCoy Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Cerebral Hemorrhage	10 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Heart Disease	5yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..... to Aug 3 19 55, that I last saw the deceased alive on August 1, 19 55, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE Martha Dean (DEGREE OR TITLE) M.D. ADDRESS Indian Head, Md DATE SIGNED 8-3-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8-6-53 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln — LOCATION (City, town, or county) (State) Prince Georges Co. Md

DATE REC'D BY LOCAL REG. Aug 5-55 — REGISTRAR'S SIGNATURE W. L. Monroe

24. FUNERAL DIRECTOR Hunter & Ryon Waldorf, Md — ADDRESS

Mr. Odell Price

07690

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7686

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Neale

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1955

5. SEX: 1

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Aug 13, 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James C. Neale

14. MOTHER'S MAIDEN NAME: Wahneta Veronica Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: James Neale, LaPlata Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Respiratory Failure

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity

(C)

INTERVAL BETWEEN ONSET AND DEATH: 8-13-55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1955 to 8-13, 1955, that I last saw the deceased alive on 8-13 1955, and that death occurred at 3:30 M. from the causes and on the date stated above.

SIGNATURE E. Neale M. D. ADDRESS LaPlata Md DATE SIGNED 8-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 8/14/55

NAME OF CEMETERY OR CREMATORY: Sacred Heart

LOCATION (City, town, or county) (State): LaPlata Md

DATE REC'D BY LOCAL REGISTRAR: 8/14/55

REGISTRAR'S SIGNATURE: Julian H. Veney

24. FUNERAL DIRECTOR: James Neale ADDRESS: LaPlata, Md

M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

2

VS. A15—10-53

20052736

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07691

7687

CERTIFICATE OF DEATH

Reg. Dist. No. 106

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR X TOWN (If outside corporate limits, write RURAL and give nearest town) Ironsides
LENGTH OF STAY (in this place) 82 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) I. (Last) Posey

4. DATE OF DEATH: (Month) 8-17-55 (Day) (Year) 19

5. SEX: F.

6. COLOR OR RACE: N.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7-22-1873

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never (if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Montgomery

14. MOTHER'S MAIDEN NAME: Jane Otten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: (Daughter) Eva Costes

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 447X

(A) Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 4-Yrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — Indefinite

DUE TO (C) Senility — Indefinite

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-53, 19.., to 8-17-55., 19, that I last saw the deceased alive on 8-17-55, 19.., and that death occurred at 7:15PM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Indian Head Md DATE SIGNED 8-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 8/21/55 NAME OF CEMETERY OR CREMATORY Mt. Hope LOCATION (City, town, or county) Prince Georges Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8/18/55 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Montgomery Bros. ADDRESS Wash. D.C.

Charles		Charles
Ironsides	82 Years	Ironsides
		Maryland
		8-17-55
Mary I.	Posey	
E. M.	Widow	7-22-1873 82
Housewife	None	Maryland US
Joseph Montgomery		Jane Otten
No	None	(Daughter) Eva Coates
	Hypertension	4-Yrs
	Arteriosclerosis	Indefinite
	Senility	Indefinite

X

8-17-55 8-1-53 8-17-55

7:15PM

Indian Head Md 8-18-55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07692

7683

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Carroll (Last) Simpson

4. DATE OF DEATH (Month) August (Day) 1o (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 14, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 27 Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Carroll Simpson

14. MOTHER'S MAIDEN NAME: Mary Fay Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Carroll Simpson, La Plata, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity — 4 weeks

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1955, to Aug. 10, 1955, that I last saw the deceased alive on Aug. 10, 1955, and that death occurred at 6:50P M, from the causes and on the date stated above.

SIGNATURE John H. Griffin M. D. ADDRESS Hughesville, Md. DATE SIGNED Aug. 10, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 11, 1955

NAME OF CEMETERY OR CREMATORY St. Marys

LOCATION (City, town, or county) (State) Bryantown, Md.

DATE REC'D BY LOCAL REGISTRAR 8/12/55

REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20075244 22 I

07693

MARYLAND STATE DEPARTMENT OF HEALTH

7689

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase. 15 x 2
STREET ADDRESS (If rural, give location) 6706 Maple Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Hamilton (Last) Varney

4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-26-81

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10b. KIND OF BUSINESS OR INDUSTRY: Commercial

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles E. Varney

14. MOTHER'S MAIDEN NAME: Not known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-01-0653A

17. INFORMANT AND ADDRESS: Richard Hamilton Varney Indian Head Md

18. MEDICAL CERTIFICATION — To Mrs. S.H. Indian Head Md

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — several years

(c)

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

21a. DATE OF OPERATION | 21b. MAJOR FINDINGS OF OPERATION | 22. AUTOPSY? Yes ☐ No ☒

23. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

24. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Frank Duncan M.D. Indian Head, Md. 8-9-55

25. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8-11-55 | NAME OF CEMETERY OR CREMATORY George Washington Custer | LOCATION (City, town, or county) Hyattsville (State) Md.

DATE REC'D BY LOCAL REG. 8/9/55 | REGISTRAR'S SIGNATURE Odey Price

26. FUNERAL DIRECTOR Warner E. Cumphrey | ADDRESS Silver Spring Md 8434 Sadine